PATENT APPLICATION FEE DETERMINATION RECO						Application or Docket Number						
4	tive Octob			ION ALCO		1	an	S	LOL	A		
CLAIMS AS FILED - PART (Column 1)				umn 2)	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY				
TOTAL CLAIMS					RAT	E	FEE	7	RATE	FEE	1	
FOR	NUMBER	FILED	NUM	BER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00	1	
TOTAL CHARGEABLE CLAIMS	⊅S) minus 20=		· 12		×\$ 9)=		OR	X\$18=	90%	1	
NDEPENDENT CLAIMS	minus 3 =		4		X40	=		OR	X80⇒		1	
MULTIPLE DEPENDENT CLAIM P	RESENT				+13			1.	· ·		1	
If the difference in column 1 is	less than ze	ente	TO in	column 2		_		OR	3		1	
CLAIMS AS A	. •				TOTA		• • •	JOR		T A	1	
10/5 04 (Column 1)	INICIADE:	(Colur		(Column 3)	SMA	LL E	NTITY.	OR	SMALL			
CLAIMS REMAINING AFTER AMENDMENT		PREVIO	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
Total • 🗸 💍	Minus	31)	- 3	X\$ 9		FEE	OR	X\$18=	FEE		
Independent - /	Minus	***		= -	X40=	1	•		X80=	177		
FIRST PRESENTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#		OR				
Tallas			•		/+135	<u> </u>	. Nakije H	OR	÷270=		Ì.	
ALAH VI	-	*			ADDIT. F			OF	TOTAL ADDITITEE	.54		
(Column 1)		(Colum		(Column 3)	71	}		Ī	سعوين	1		
REMAINING. AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA	HATE	<u>।</u>	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE		
Total • 58	Minus	41)	=	X\$ 9	.		OR	X\$18=	سالي سنرسن	-	
Independent • /	Minus .	*** /	7 	•	X40=			~-	X80=			
FIRST PRESENTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM									
BEST A	γάη Δι	RIFC	'OF	Ý	+135=			OR	+270= TOTAL			
רי וטיוט	ALAIFLA				ADDIT, F			OR	ADOIT. FEE			
(Column 1)		(Colum		(Column 3)						<u> </u>		
RÉMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	25.	
Total	Miņus				X\$ 9=		• • •	OR	X\$18=		1	
Independent •	Minus '	400	_	=	X40=	+			X80≖		i.	
FIRST PRESENTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		1	+		OR	YOUT	· · · · · ·	1	
					+135=	1		OR	+270=		. *	
' If the entry in column 1 is less than th " If the "Highest Number Previously Pa					101/			OR .	TOTAL		1	
"If the "Highest Number Previously Pa					ADDIT. FE	EL		VII.	VOOIT. FEEL		•	